

Gamehaven Scout Camp | Shotgun Activity Waiver

WE WILL RETAIN THIS FORM AT CAMP

This waiver needs to be completed by all youth & adults participating in
shotgun activities at the Gamehaven Scout Camp range.

Participant's Last Name: _____ Participant's First Name: _____

Date(s) of Participation (MM / DD / YYYY): _____

In Case of Emergency:

I understand that every effort will be made to contact the listed emergency contact. In the event that they cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the participant listed above.

Signature of Parent/Guardian: _____ Date: _____
Or participant signature if over the age of 18 (MM/DD/YYYY)

Authorization for the Use of Firearms

(Youth participants only)

As the parent/guardian of the participant listed above, I hereby grant my consent for them to handle and use a shotgun, and all necessary equipment, for the sole purpose of fully participating in an official Boy Scouts of America-sanctioned activity that occurs during the indicated date.

Signature of Parent/Guardian: _____ Date: _____
(MM/DD/YYYY)

PLEASE PRINT:

Participant's Date of Birth (MM/DD/YYYY) _____

Emergency Contact Name: _____ Relation to Participant: _____

Primary Phone Number: _____ Secondary Phone Number: _____